



2016 Summer Miracle League Player Registration



Player Name _____ Nickname _____

DOB _____ Age as of May 1st _____ School _____ (Circle): Male / Female

Parent/Guardian _____

Address _____ City, State, Zip _____

Phone # _____ Email Address: _____

Emergency Contact _____ Phone # _____

This is my first year participating in the Miracle League (YES/NO) This will be my: _____

Player Shirt Size (circle one) YOUTH: S M L XL OR ADULT: S M L XL 2XL 3XL

ABOUT MY CHILD: *please provide specifics, this will assist in the volunteer match for your child.*

Diagnosis: (Please Print): _____

Form of Communication: Speech Sign Language Picture Exchange Gestures/Writing

Other: _____

Please include any special request or accommodations your child will require - :

(Please Print) _____

***** Volunteer Buddy INFORMATION *****

_____ I will be providing my child's own buddy. Name of volunteer buddy is _____
Just a reminder, volunteers need to fill out registration form too.

_____ I would like the Miracle League to provide a buddy to be on the field with my child.

If you checked to be a volunteer, you will be contacted by Miracle League Coordinator to complete a volunteer application.

How did you hear about the Miracle League: _____

If you could please list organizations, therapies, etc. that you would not mind me contacting I would greatly appreciate it! I am looking to get in touch with them to inform them about this wonderful organization and to distribute information about The Miracle League in order for us to grow significantly in both athletes and volunteers! Thank you!

(Please Print: _____

